

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/025,184 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS					
ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1					
2	1				
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TOTAL NO.	2				
TOTAL DEP.	4				
TOTAL CLAIMS	6				

  

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TOTAL DEP.					
TOTAL CLAIMS					